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OCCUPATION RECORD statement ENT PERMAN ciassified. properly supplied. that of terms, plain 2 of Inform item FO mportant. ш Every 8 z

(Address

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Filed

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Musnelly (No [if death occurred in ..Ward) a hospital or Institution. give its NAME Insteed of street end number. 1 ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WICOWED, (Month) OROIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Mocy 19 that I last saw h Mallyeon Many 17 , 1915 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (e) Trade, profession, or perticular kind of work. (b) Generel nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OFFATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death State yrs, ____ mos. ds yrs. mos. ds. Where was disease contracted. 14THE ABOVE IS OF MY KNOWLEDGE if not at place of death? Former or (informant) usuel residence

REGISTRAR

DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (e)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puespenal peritonitis," etc. State cause for childbirth or miscarriage. as "Turreral scritchae etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," sepsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chroniu er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis The contributory "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendatious on statement of "Convultions," "Debility" ("Con-(secondary or intercurrent) (name origin; "Can-Examples:



RECORD PERMANENT stated EXACTLY. 4 pe IS pinous UNFADING INK-THIS PLAINLY, WITH pinods WRITE

Very PHYSICIANS should state OCCUPATION IS Ö Exact statement classified. carefully supplied. AGE shothat it may be properly certificate. 000 DEATH In plain terms, See instructions on back of Information Item FO Important. CAUSE M

6988 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCES (A) (Write the word) DATE OF BIRTH Month (Day TAGE If LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOV (Address) -----15

STATE OF MARYLAND CERTIFICATE OF DEATH

asp

registration Dist.	110
St.;Ward)	[if death occurred to a hospital or tosfitufloa, give its NAME Instead of street and number.]
***************************************	•

NAME Mary. alexan	drowies of street and number.
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOROR RACE Single, MARRIED, WIDOWED OR DIVORCES (With the yord)	16 DATE OF DEATH May 3 1 , 1915 (Morth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sept, - , 1914 (Month) (Day (Year)	may 212, 1915 to may 3/2, 1915. that I last saw h 15 allve on May 27 2, 195
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
none	Entero-Colitis
istry, of in Onfant.	(Duration) ## yrs ## mos 10 ds.
& Brooklyn.	Contributory Secondary (Daration) yrs mos ds.
Elexander. alexandrous	(Signed) The " 10 Aforton (1. D.
intry) Russian. Poland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Mary Nieczorek	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
entry) Russian Polamos	At place of death yrs mos ds. • State yrs, mos ds
alest an drow is	Where was disease contracted, If not af place of death? Former or
& Broof lyn.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
1911 Thur But Forton MO	29 UNDERVAKER ADDRESS
	Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Que

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia, "unqualified, is indefinite): Tubercuciss of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

Every Item of information should be CAUSE OF DEATH in plain terms. se WRITE PLAINLY,

N. B.

Important.

2

RECORD

A PERMANENT

WITH UNFADING INK-THIS IS

PLACE OF DEATH 6990 County Q - Q -	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City amapolis (No. 194). 2FULL NAME Britha Tola	Registration Dist. No. 2/ St.; 3 Ward) [If death occurred to a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Wildowstor, OPENTAGES (Write the word) 8 DATE OF BIRTH DECL 27 18-8-9	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from [19] 5, to [19] 7, to [19] 7, 19] 7.
7 AGE 25 / G Gay (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at Fifty Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Annaholis And.	(Buration) yrs mos ds. Contributory for premium suis Secondary (Buration) yrs mos of ds.
10 NAME OF FATHER Storgs Andrews. 11 BIRTHPLACE OF FATHER (State or country) Annafeotic Ind. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Low Twowood, M. D. 5-17, 1915 (Address) & Low Rlin Ob *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Informani)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 194 Clay Sto 16 Filed May 17, 1916 - Amsmill	19 PLACE OF BURIAL OR REMOVAL 81 Mary & Caml - , San 1915 20 UNDERTAKEN ADDRESS ADDRESS 92 WELL 8

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. statement. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUNS.

No.

80

PHYSICIANS should of OCCUPATION IS RECORD A PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied.

may be properly classified. Exact statement

2

See instructions on back of certificate.

Important.

B.

DEATH in plain terms,

Very

PLAINLY, WITH Item of information should be WRITE CAUSE OF

1 PLACE	OF	DEATH	
			272

6989

County Anne Arundell

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

----Ward)

[If death occurred in a hespital or lostitution, give its NAME Instead of street and number.]

2FULL NAME

Brooklyn

Charles Norman Anderson

PER	RSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 _{SEX}	4 COLOR OR RACE White	Sangle, MARRIED, WIDOWED, ORDIVORCED Warried (Write the word)	16 DATE OF DEATH Nay 10 , 1915 (Month) (Day (Year)
6 DATE OF BI			THE Shale, 1911, to May 19, 1915
	Septembe (Month)	r 28 , 1879 (Day , (Year)	that I last saw here alive on men 19 1913
7 AGE	35 m 7	mos ds lif LESS than 1 day, hrs.	and that death occurred on the date stated above, at 20 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profes	ssion, or	actor	Tyaemia
(b) General natu business, or es	ire of industry,		(Duration) yrs mos, ds
9 BIRTHPLACE (State or	country)	undel Co. Md.	Contributory Secondary
O 11 PLETH	Frank	P. Anderson	(Signed) Chas & Orosia, M. D
Z OF F. (Stat	ATHER e or country) Anne A	rundel Co.Md.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Acciden
13 BIRTH	Louise Louise	Budesheim timore Md.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deathyrs,mosds. Stateyrs,mosds
14 THE ABOVE	AND PINE	of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Mayes	Brooklyn	Mdg OB	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLOY DE 1915
Filed Mu	2 20,191 3	REGISTRAR	andress ADDRESS 115 Light St
	If more blanks a	re needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Ballong

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," cte.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions noswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 7 1915
BUREAU, V.S.

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ANS int of	PLACE OF DEATH 6091	STATE OF MARYLAND CERTIFICATE OF DEATH	
SICIA	Outrity	Registration Dist. No. 2/	
act stat	Village or City amold Md (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
CTLY F. EX	2 FULL NAME Lester 13 C	et street and number.]	
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
clas	Female Colored Single, MARRIED, Married OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH MAY (Month), (Day) , 1915	
pericat	6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from	
nould be st be properly certificate	. June 26, 1853 (Month) (Day) (Year)	that I last saw h A alive on 2019 5, 1915,	
of of	7 AGE It LESS than	and that death occurred on the date stated above, atm.	
AGE it me	3 yrs. / 0 mos. / 0 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:	
so that	(a) Trade, profession, or particular kind of work.		
S S 42	(b) General nature of Industry business, or establishment in which employed (or employer)	(Buration) yrs. mes. / // ds.	
e in	9 BIRTHPLACE (State or country) arnold md	Contributory	
d be c	10 NAME OF Berry July	(Signed) P. 18 Juillins M. O.	
ion should F DEATH important	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL,	
	of MOTHER Mary E, pulley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
AUSE O	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. de. State, yre. mos. ds.	
(Interment) Samuel Barnett Push (Address) and ald Md		if not at place of death?	
		JOHN DATE OF BURIAL OR REMOVAL DATE OF BURIAL	
Shor	Fled Man 7, 1916 - Ams Walch	20 UNDERTAKER ADDRESS	
0	REGISTRAR	Samuel allen 32.n. u.sy	
-	. If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuber valosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (c. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. birth or miscarriage as "Publiperal septichaemia," "Publiperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Weakness," mus," "Old Age," "Shock," "Uracmia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Struck by roilway troin-accident; Revolver wound to determine definitely. Examples: Accidental drowning: eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Annemia" (merely symptomatie), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. "Coma," "Convulsions," "Debility" ("Con-FOR VIOLENT DEATHS Never report mere "Atrophy," acid-probably



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Bissisle (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.: Ward) [it death occurred is a hospital or lostitution,
2FULL NAME Aline Boom	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Colored Single, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
September 2, 19/4 (Month) (Day (Year)	Ided 700 181 181 191 191 191 191 191 191 191 191
7 AGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, ar Ja Done particular kind of work (b) General nature of Industry,	- Eusens -
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Carlon yrs mos. ds.
10 NAME OF Eli Boom 11 BIRTHPLACE	(Signed) MacCare (Doraffeh) yrs mos ds. (Signed) MacCare (Address) Lebet River 724
OF FATHER (State or country) Maryland 12 Majlan Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death
(Informant) (Informant)	It not at piace of death? Former or usual residence.
(Address) Didsville, Sharpland 16 Filed Lay 10, 1915 Machan Barrel Marks are needed address State Paris	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OFFICE Very Constant May (0), 1915 20 UNDERTAKER WELL Morris Trackoff West Rury Md strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

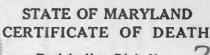
eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent)



V. S. No. 1.

A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every litem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate, ď ż



Registration Dist, No.....

-St.;----Ward)

[If death occurred in a hespital or institution, give its NAME instead of street and number.]

	FULL NAME	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Cale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH OY 7, 191 5 (Month) (Day (Year)
6	Month (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Social 191 Liter play Section 191
7	yrs O mos O ds OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
) (I	OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, usiness, or establishment in which employed (or employer)	(Duration) yrs mos ds
TS E	10 NAME OF FATHER GATE Brooks 11 BIRTHPLACE	Contributory. Secondary (Duration) yrs mos ds. (Signed) A Contributory. (Signed) 191 S. (Address) Mc Condrections
PAREN	(State or country) · / / / / / / / / / / / / / / / / / /	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds
15	(Informant) Lawy Rowledge (Address) Rue To THE BEST OF MY KNOWLEDGE (Address) Rue To THE BEST OF MY KNOWLEDGE (Address) Rue To THE	Where was disease contracted, If not at place of death? Former or Osual residence. 19 PLACE OF BURIAL OR REMOVAL Lindrale, May 20 UNDERTAKER Survey by ADDRESS
		(h) D . W. Do hid

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton milt; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned genital," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; vatvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PHYSICIANS statement of EXACTLY. RECORD PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE stated MARRIED. PERMANENT 0 WIDOWED DINDING OR DIVORCED (Write the word) properly rtificate. pino (Year) Pe ce (Month) (Day) T S if LESS than 7 AGE of ш 1 day, hrs. it ma C min. ? OR OCCUPATION tha ed (a) Trade, profession, or 0 pplic particular kind of work Instructions 000 (b) General nature of lodustry 38 terms, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary T Se 10 NAME OF FATHER ۵ S 11 BIRTHPLACE PARENT OF FATHER (State or country) S L SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 very EW 13 BIRTHPLACE Infort SO OF MOTHER (State or country) Š 4 Where was disease confrected. should state CA of Item usual residence (Address' 15 20 UNDENTAKER 0

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution, give Its NAME Instead of street and number.

MEDICAL CERTIFICATE OF DEATH (Day) That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

Doration)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT IES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Z

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line cian, Compositor, Architect, For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: etc., when a definite disease can be ascertained as the ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. by railway The eontributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere mound



No. v2

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PERMANENT 4 UNFADING INK-THIS IS WITH PLAINLY, WRITE

RECORD

state 6095 County line areadel. PHYSICIANS should of OCCUPATION IS re destruy statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH ciassified. (Month) (Day (Year) TAGE If LESS than AGE should properly class 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Carefully 10 NAME OF FATHER 0 0 pe n terms, a PARENTS 11 BIRTHPLACE should OF FATHER (State or country) 12 MAIDEN NAME See instructions of OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 90 CAUSE OF Important. (Address).... 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/

St.: Ward)

lif death occurred in a hospital or institution give its NAME Instead ot street and number. 1

16 DATE OF DEATH	May	3	191>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That		
May 2 ,15			
that I last saw h all	ve on 2	cay	, 191)
and that death occurred o	on the date states	d above, at	69, m
The CAUSE OF DEATH*	was as follows:		
Congr	Sal per	Lely	
	(Duration)	yrs	.mosd1
Contributory		••••••	
	(Duration)	Vrs.	nlos de
(Signed)	S. Bell		
May 4 , 191 5 (1			
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	NS OF INJURY; a	nd (2) wheth	her Acciden
18 LENGTH OF RESIDENCE	CE FOR HOSPITALS	, INSTITUTIONS	, TRANSIENTS
At place	In the		
of death yrs mos.	ds. State	yrs,	mos da
Where was disease contracted, if not at place of death?			***************************************
Former or usual residence			
19 PLACE OF BURIAL OR	REMOVAL	DATE OF I	BURIAL
Reell Cruss 7	arm	May	4, 191.2
20 UNDERTAKER		ADDRESS	
no under	ta /ler		-

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation ins of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic ample: oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for eause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anacmia" (uncrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Mcdical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioehildbirth or miscarriage as "Puerperal septichaeis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	ounty Arm Arundel  Orlar Linchicums  Fillage or Gity	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
_	FULL NAME	Carvaer
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
/	Male While Single, Married Wilder Word (Write the word)	16 DATE OF DEATH May 5, 1915, Month) (Day (Year)  17 HEREBY CERTIFY, That I attended deceased from May 4 // 30 Par 5, 1915, to May 5 1230 All 1915,
	June 25, 1848	that I last saw h has alive on May 3. 1230 PM 1913
7	(Month) (Day (Year)	and that death occurred on the date stated above, at 4 30 km,
	(e/e // /9 1 day,hrs.	The CAUSE OF DEATH* was as follows:
_	yrs mos ds. OR min. ?	$\mathcal{O}$ . $\mathcal{O}$
	occupation (a) Trade, profession, or 2/1/1/4. Brown	aralysis
1	particular kind of work our occurrence	a have
	(b) General nature of industry, business, or establishment in	(Ouration) vrs. mos. ds.
_	which employed (or employer)	O. I. A.
8	(State or country) Bally MC	Secondary (Ouration) vrs. 9 6 faces
	10 NAME OF Savid Carbaels	(Signed) ten mileson, M. D.
	11 BIRTHPLACE OF FATHER (State or country Marylank  12 MAIDEN NAME Marthae) Heaps	May 3, 1913 (Address) Thursming Ros
	(State or country)	*State the DISEASE CAUSING DEATH, or, in cleafly from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
	OF MOTHER Marthae Maps	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of the ot death yrs, mos. ds. State yrs, mos. ds
17	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, the total place of death?
(Interment) Emma & Carbaet		Former or
	(Address) Hanover Md RF3	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 11 114 27 / 1		Seenmond Cemelet May 1913
	Filed May 3, 1915 Of Monderson	20 UNDERTAKER 318 KO Pauls III
1-	REGISTRAR	Juliar Julia Man Ma
	II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. North 39 E. Eagers

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphthevia (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopueumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, ete., of...... (name origiu; "Cancause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as etc., when a defiuite disease can be ascertained as the ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seniie," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustlon," Never report



# MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.

## PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS pinoda AGE carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it millimortant. See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF I

Co	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil	PEULL NAME DANK Car	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Mall Stack Single, Markieo, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on 191
TAG	JE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) pai (b) bus whi	CCUPATION OTrade, profession, or flicular kind of work.  General nature of industry, liness, or establishmenf in ch employed (or employer)	Moration Gyrs mos ds.
981	RTHPLACE (State or country) MWW	Contributory Secondary  (Boration) yrs mos ds.
	10 NAME OF THERE MINISTER	(Signed) James of Hawfus 7 M. A.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PAI	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 -	OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place In the of death yrs mos ds. State yrs mos, ds Where was disease contracted,
	(Informant) Seo Seucon	If not at place of deafh?  Former or  usual residence
15	(Address) 18 Daclas St.	Splace OF BURIAL OR REMOVAL DATE OF BURIAL AND 1915
File	ed UML 1915 JM. D. JUYIM	PRUNDERTANER ADARESS ADARESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kiud of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitiul nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for



Cour	ty Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
Villa	ge or City annapoles (No. 2, C) 2 FULL NAME Mishellies	Carles  St.; 3 Ward)  [If death occurr a hospital or institution of street and number of stre
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATHA
3 SE	x COLOR OR HACE 5 SINGLE, MARRIEO, WILDWEO OR OLVORCEO (Write the word)	16 DATE OF OEATH (Month) (Day)
6 DA	TE OF BIRTH  Month (Day) 1857  (Month) (Day)	that I last saw h L alive on A A L
7 AG		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
) par	CCUPATION ) Trade, profession, or ticular kind of work ) General nature of industry siness, or establishment in	Nephritis Deals 14
wh	RTHPLACE (State or country)	contributory Contributory
v	1D NAME OF FATHER WILLIAM	(Signed) (Burallon) yrs hos
1	11 BIRTHPLACE	*Syne the Disease Causing Death, or, in deaths from Viola Causer state (1) Means of Injury; and (2) whether Accident
RENT	OF FATHER (State or country) Andrews	CAUSES state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal.
PAREN	12 MAIOEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  (State or country)  (State or country)	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the of deathyrsmosds. Slale,yrsmos.
14 TI	12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)  At place In the
14 TI	13 BIRTHPLACE OF MOTHER (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SUICIDAL OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the of death

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as House-Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal sephihaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart discase; Chronic interstitial ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of chopmeumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Wheoping by railway troin-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

1 PLACE OF DEATH

	PLACE OF DEATH	6099	100	STATE	OF MARYI	LAND
Coun	aa		X	CERTIFIC	ATE OF	DEATH
, Cour	ily		1	Ranis	tration Dist. N	2/
	St. Wes	7				Fif death accorred in
Villa	ge or City 14 1940	pauls (No.	$\alpha$	St.;	Ward)	a hospital or institution,
	0	V 10000	. Ch	ambus		give Its NAME Instead of street and number.]
	² FULL NAME	asunc	· · · · · · · · · · · · · · · · · · ·			
	PERSONAL AND STAT		BLARS	MEDICAL CERTI	FICATE OF D	EATH
3 SE	4 COLOR OR RAC	MARRIEO,	Widow	16 DATE OF GEATH	u	29 .1915
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7 AG		Month) (Day)	(Year)	and that death occurred on the		00
0	lout 90		1 day, hrs.	The CAUSE OF DEATH * was		
		mosds.	OR min.?	4	•	
( a	CCUPATION ) Trade, profession, or		6	Faraly	ers	
	rticular kind of work	~ ~ ~ ~ ~ ~ ~				
bu	siness, or establishment in ich employed (or employer)			-	(Duration) 3	yrsds.
	IRTHPLACE 6	a a Q	1 1	Contributory Secondary		,
	(State or country)	ca n	1d:		(Duration)	yrs. mos. de.
	10 NAME OF FATHER	Thi		(Signed) 3.25	Ridor	M. 0.
S	11 BIRTHPLACE	acs often	The state of the s	My 90 4, 191. 5. (Address)	Annap	is hair RTAL
ENT	OF FATHER (State or country)	Mary las	liel	*State the DISEASE CAUSING CAUSES, state (1) MEANS OF IN	DEATH, or mid	hether ACCIDENTAL,
PAR	12 MAIOEN NAME OF MOTHER		4 - 4 - 6	SUICIDAL OF HOMICIDAL.		Tanada Tanada
Φ.	13 BIRTHPLACE	mour		OR RECENT RESIDENTS)	in the	
	OF MOTHER (State or country)	uhrum	~	At place of death		yrsds.
14 T	HE ABOVE IS TRUE TO THE I	BEST OF MY KNOWL	EOGE	Where was disease contracted,  If not at place of death?	, ,	
	(Informant) Samuel	2 Culling	0	Former or usual residence	4. ;	4.
	If m	assauts C	raco :	19 PLACE OF BURIAL OR REMOV	IAL OA	TE OF BURIAL
46	(Address)		Hug.	Broad nich	920	ay 31, 1915
16 FN	may 3/ 1915	Amsny	Cel	20 UNDERTAKER TO 1	1 29	OKESS A
- 10			REGISTRAR	gus "- sugre,	no W	engrou
	If more blan	aks are needed, address	State Registrar,	16 W. Saratoga St., Balto., Requesting	V. S. No. 1.	Luc
			1714 1 7 3			

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part statement. Never return "Laborer," If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-

and consequences (e. g., scpsis, tclanus) may be stated genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull Struck by railway train—occident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Never report mere nephrilis, etc. . The contributory (secondary or intercurcough; Chronic valvular heort disease; Chronic interstitial "Annemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," "Debility" (Recommendations ("Con-



PERMANENT RECORD DNIONIB should be 4 S AGE FOR -THIS RESERVED INK UNFADING WITH MARGIN PLAINLY,

FLY, PHYSICIANS Exact statement of stated EXACTLY. plain terms, so that it may be properly classified. See instructions on back of certificate. supplied. carefully Every item of information should be should state CAUSE OF DEATH in p OCCUPATION is very important. So WRITE V. S. No. 1. m ż

1 PLACE OF DEATH

PERSONAL AND STATISTICAL

4 COLOR OR RACE

County

3 SEX

7 AGE

PARENTS

15

Village or City

6 DATE OF BIRTH

(a) Trade, profession, or

particular kind of work (b) General nature of industry business, or establishment in

9 BIRTHPLACE (State or country)

which employed (or employer

10 NAME OF

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address'

OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF

	7037
HATH AND	STATE OF MARYLAND
	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
	Registration Dist. No.
dinore (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
ME Nichard Ch	arubers of street and number.]
ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
or or race 5 single, married, widowed or divorced	16 DATE OF DEATH  (Month)  (Day)  (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h kee alive on May 6
(Month) (Day) (Year)	and that death occurred on the date stated above, at & 200 Lm.
1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ORmin.?	Heart Jalu Stockery duce by
$\mathcal{L}_{\mathcal{L}}$	the intermities of Oys. Hend.
James	West of the Contract of the Co
stry t in	
(er)	(Duration) yra. mos. ds.
Q Q G MA	Secondary
	(Quration) gs. mos., ds.
not know	(Signed) A R 36/5. 7.0 h. K. C.
(ry) 11	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
16 / 6.	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
16 16	OR RECENT RESIDENTS) At place In the
try)	of deafh yrsmosda. Stata,yramosds. Where was disease contracted,
TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Literate Cla Carllet	Former or usual residence
St heavant me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1915- Amsmileh	29 UNDERTAKES ADDRESS
REGISTRAR	fal Staylow this amegoles
If more blanks are needed, address State Registrar,	15/W. Saratoga St., Bafto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing Death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never mill; (o) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. first line will be sufficient, e. g., Furmer or Planter, Physition is very important, so that the relative healthfulis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionory freman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Never return "Laboror Locomotine engineer, ete., without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia of lungs, menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICINAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatis birth or miscarriage as "Publiperal sephichormia, "Publiperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concuopucumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . cause. Always qualify all diseases resulting from child-(name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness." by railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which



No. 1. σż

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PERMANENT RECORD 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

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very Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should sta	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve	
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3 5



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

6 DATE OF BIRTH July 16 1898 May 17 1915, to May 17	7 101
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6 DATE OF BIRTH July 16 1898 May 17 1915, to May 17	
7 AGE   It LESS than   and that death occurred on the date stated above, a	, 191
yrs. mos. ds. or min.?    Control of the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and that death occupred on the date stated above, and the date stated above, and that death occupred on the date stated above, and the date stated above, are dated above, and the date stated above, and the date stated above, and the date	- Norta
(a) Trade, protession, or House work	tnis
business, or establishment in which employed (or employer) (Ouratioo)yrs	
9 BIRTHPLACE (State or country) Caryland (Ouration) (Ouration) (Secondary Secondary (Ouration) (Secondary (Ouration) (Seco	mos ds
10 NAME OF FATHER Frank Chase (Signed) at him Mills	dea Kr
11 BIRTHPLACE OF FATHER (State or country)  CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	ths from Violent
of Mother Clan Adams  TAL, SUICIDAL, OT HOMICIDAL.  TAL, SUICIDAL, OT HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF RECENT RESIDENTS)	TIONS, TRANSIENTS
13 BIRTHPLACE In the	da
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment)	**************************************
(Address). Harrigan Md 19 PLACE OF BURIAL OR REMOVAL DATE	of Burial
Filed May 17, 1915 62 Menters 39 UNDERTAKER ADDR.	RESS 111

If more blanks are needed, address State Registrar, 6 K. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Surcoma, etc., of...... (uame origin; "Can "Contributory." scpsis, tetanus) injury, as fracture of skull, and eousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations ou statement of "Exhaustlon," Never report



RECORD DEATH OF PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ilf death occurred in .....Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT 4 COLOR OR RACE MARRIED. WIDDWED. (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h....alive on..... (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? BOCCUPATION Recidental (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory ..... (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instructi 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State ..... yrs. ____ mos. Where was disease contracted. If not at place of death?... stomer or usual residence mportant. Every 18 If more blanks are needed, address State Registry, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective or cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, For many occupations a single word or term Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State which surgical operation was undertaken childbirth or miscarriage as "Poeper cause. etc., when a definite disease can be scer ined as the genital," "Senile," etc.), "Dropse" "Heart failure," "Haemorrhage," "Inantio "Collapse," "Coma," "Convulsions" thenia," "Anaemia" (mcrely symptomat mere symptoms or terminal conditi Bronchopneumonia (secondary), 10 ample: Meastes (disease causing affection need not be stated unle valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sareoma, etc., of.... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the The contributory "Old Age," "Shock," "Uraemia," Always qualify all discress resulting from (Recommendations on statement of (seconda ..... (name origin; "Canor latercurrent) Debility" ("Con-Never report Weakness," haustion, sentichae h as "As-, 29 ds.; cause for For vio-" "Maras-Atrophy,"



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PERMANENT UNFADING

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Wash I if death occurred in a hospital or institution. give its NAME instead MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Month) (Day) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH alive on (Day) (Year) If LESS than and that death occurred on the date stated above, at-7 AGE 1 day, hrs. The CAUSE OF DEATH * was as follows: min.? OR occupation (a) Trade, profession, or (b) General nature of industry business, or establishment in (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the mos. State. (State or country) Where was disease contracted. 14 THE ABOVE IS If not at place of death?... Former or usuoi residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL ADDRESS mis are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness, or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household-only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Toreman," "Manager," "Penler," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal nieningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weaksess," cough; Chronic valeular heart disease; Chronic interstitial Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Publicenant septicharmia, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless Always qualify all diseases resulting from child-"Scnile," etc.), "Dropsy," "Exhaustion, report mere important.



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state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. 4 15 should THIS properly AGE NK supplied. UNFADING may certificate. Carefully ** that 0 pe back terms, pinou PLAINLY of Information si DEATH in plain See instructions piain Item OF Every Item CAUSE OF Important. œ. ż

10 NAME OF FATHER

ARENT

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

of MOTHER (State or country

OFFATHER (State or country)

## 1 PLACE OF DEATH 6100 PARTICULARS PERSONAL AND STATISTICAL 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCEO (Write the word) 8 DATE OF BIRTH moune (Day) (Month) (Year) If LESS than TAGE 1 day, .....hrs min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country)

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number. 7

RESONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black Single, Marrie, Marrie, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY (CERTIFY, That I attended deceased from
IRTH	
sure 1	Mysuson, to M attriction, 191
(Month) (Day) (Year)	that I last saw h alive on, 191
60 yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 7 PM m. The CAUSE OF DEATH * was as follows:  Time of the many property of the property o
ession, or of work	no manufit
stablishment in (or employer)	(Duration) yrs. mos. ds.
untry) Md	(Secondary) (Duration) yrs. mos. ds.
FOR Richard Collins	(Signed) 1 Sayson Phelips Coroners.
HPLACE FATHER OF COUNTRY) AMMINOUM	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
EN NAME MUSTALINA.	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO
OTHER OF COUNTRY)	At place In the of death yrs mos ds. State yrs mos ds
E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Fena Bollins	Former or usual residence
ss) Faure Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
123 1915 L. H. Z. Haslings	20 UNDERTAKER Of ADDRESS
If more blanks are needed, address State Regis trar, 6	E Franklin St. Raito Requesting V. S. No.
and the same and address there the single trait	w. rrankin bit, Daito, Requesting v. S. No. 1.

15 REGISTRAR



[Approved by U. S. Census and American Public Health
Association.]

causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or indust, i, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('aa) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DRATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Tuerperal schiichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 da.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as genital," "Senile." etc.), "Dropsy," "Exhaustion," "Maras failure," "Haemourhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Taemia," "Weakness," (name origin; "Can Examples:



PLACE OF DEATH	114	STATE OF MARYLAND
. (1 a		CERTIFICATE OF DEATH
County		7./
		Registration Dist. No.
Village or City Churapolis	(No. Consug	Useg Hosfel St; Ward) [If death occurred in a hospital or institution,
	4	give its NAME Instead of street and number.
2 FULL NAME - Q	muel h	(Tandell of street and number.]
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SING	iLE;	16 DATE OF DEATH May 17 1 1015
9.0 m WIDO	OIVORCED Haund	(Month) (Day) (Year)
(With	3 the word)	17   HEREBY CERTIFY, That   attended deceased from
DATE OF BIRTH		May 10 ,1915, to 17th, 1915,
(Month)	(Day) (Year)	that I last saw how alive on May 17 , 1915,
7 AGE	If LESS than	and that death occurred on the date stated above, at / m.
69 yrs 4 mos.	70 ds.   1 day, hrs.   OR min. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION M		1 man a
(a) Trade, profession, or	nuan	i cumaria
particular kind of work		
business, or establishment in A quice	in store	(Durstian) yrs. mos. 2 ds.
which employed (or employer)		Continuent Lyphan & way
9 BIRTHPLACE (State or country) Q Q Q	Md	Secondary Secondary
10 NAME OF TATHER	100	(Signed) Shurturis , M. O.
0)	Crandell,	may 19 1 1915 (Address) Remapoles mist
State or country)	Co Md	*State the DISTABS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HUMICIDAL.
of MOTHER Atridas	Stansburry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE.	C. Ma	At place
(State or country)		of deathyrsmesdsdsdsdsdsds.
14 THE ABOVE IS TRUE TO THE BEST OF M	Y_KNOWLEDGE	If not at piecs of desth?
(Informant) Stella G.C	recidele	Former er usuel residence
(Address) Ormajão	les Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 y	1-1-1	Redar Bliff Cent May 1913
Filed May 19, 1915 - 77	1 even	20 UNDERTAKER 11 STONE ADDRESS
7, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	REGISTRAR	Jas D. Jay in 1800 Chinapoly
If more blanks are need	ed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many eases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from ehildetc., when a definite discase can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. "Anacmia" (merely symptomatic), rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ho The nature of the injury, as fracture of skull, railway The contributory (secondary or intereurtrain-accident; Revolver State eause for which Never report mere "Atrophy," "Colmound



	an 11	Registration Dist. No. 21
Villa	ge or City Warmington (No. 200 at 2 FULL NAME Sarah Ore	St., 3 Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE Ken	nale White British Widowald White the word	16 DATE OF DEATH MOY 18, 191 (Yes
6 DA	Drot Find	HEREBY CERTIFY, That lattended deceased fr
7 AG	(Month) (Day) (Year)  E   If LESS than	and that death occurred on the date stated above, at 25
	79 - 1 day, hrs.	The CAUSE OF DEATH & was as follows:
(a	CCUPATION 1) Trade, profession, or	Coromons Live
(b	rilcular kind of work ) General nature of lodustry siness, or establishment in ich employed (or employer)	Muhibera (Buratton) yrs. mos.
	IRTHPLACE (State or country)	Contributory
	Man land	Secondary
	10 NAME OF FATHER DON'T Show	Secondary  (Burallon) yrs mos  (Signod) Wallon Majhara
v)	10 NAME OF FATHER LONT /how ?  11 BIRTHPLACE OF FATHER (State or country) Lont /how ,	(Signed) Wallory Address) But and the Month of Causes, state the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accioentate
	10 NAME OF FATHER LOND / how	(Signed) Wallon & Morphism mos.  (Signed) Wallon & Morphism mos.  May S., 1913 (Address) Only application.  State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
ARENTS	10 NAME OF FATHER LONT / MOUNT  11 BIRTHPLACE OF FATHER (State or country) Dont / Shows,  12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (A
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PARENTS	10 NAME OF FATHER LOND / NOVAL  11 BIRTHPLACE OF FATHER (State or country) Lond / Shows / Show	(Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, State (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place In the ef death yrs. mes. ds. State, yrs. mee.  Where wes disease contracted, if not at place of deeth?

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salvsman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," indefinite); Tuberculosis of lungs, meningulatified, is indefinite); Tuberculosis of lungs, meningulation of the disease of lungs, meningulation of the disease of lungs, meningulation of the disease of lungs, meningulation of lungs, mening

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," . "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., scpsis, ttlanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichacmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... by railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere (Recommendations wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

RECORD

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N.B.

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County Anne Azemdel

6106

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SE	4 COLOR OR RACE 6 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 7, 1915 (Year)	
DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from	
		Nov suby 1913, to Many / 7 , 1915.	
	(Month) (Day (Year)	that I last saw home alive on heary 16 1915	
AG		and that death occurred on the data stated above, atm	
	5 9 3 ( 1 day,hrs.	The CAUSE OF DEATH* was as follows:	
	yrs mos. ds. OR min. ?	For Cardina Susafferina	
	CUPATION (rade, profession, or of a		
part	icular kind of work		
	General nature of Indostry, ess, or establishment in		
	n employed (or employer)	(Duration) yrs mos o	
BIF	State or country)	Secondary / Kuha disease Laine	
	Markens	currice (Doration) Come Remove	
	10 NAME OF	(Signed) Maclane Bound	
.  -	Thomas Owers	1	
	11 BIRTHPLACE OF FATHER	May & , 1918 (Address) Wash Kwar Ind	
	(State or country) Maryland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE	
	12 MAIDEN NAME OF MOTHER	TAB, SUICIDAL, OF HOMICIDAL.	
1	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT	
1	OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds.	
TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos d Where was disease contracted,	
		It not at place of death?	
(1	ntormant) Charles & Duco .	Former or usual residence	
	(Address) Cambuston ma	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL	
	(named)	Theriel Stay Ouclan May 19 1915	
Pilad	May 18 1016 Radam and	20 UNDERTAKER ADDRESS	
		, , , , , , , , , , , , , , , , , , , ,	

[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Wone. been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Höusework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puesperal septichacctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



#### S. No. 1.

N. B.-

	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very mportant. See instructions on back of certificate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be mportant. See instructions on back of certificate.
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1 PLACE OF DEATH

County anne arendes.

6107



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilt death occurred in a hospital or institution. give Its NAME Instead ot street and number. I

801 w. Fayelfill

PER	SONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)			(Month)	(Day (Year)
7 AGE	(Month)	(Day (Year)    It LESS than   1 day   hrs.     OR   min. ?	that I last saw he alive on 22	ted above, at 4 30 9 m
(a) Trade, protes particular kind of (b) General natu business, or es	sion, or f work		Contributory La Treppe	yrs mos od ds
Y 11 BIRTH OF FA	OF Jenge D	Dauman,	(Signed)	Contactor Ing
13 BIRTH OF MC (State	PLACE OT HER e or country) Za	mony	18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place In the ot death yrs ds. State	e
(Intermant)—	2 0 0	Dannan,	Where was disease contracted, if not at place of death?  Former or usual residence	DATE OF BURIAL
		1 00.00	20 UNDERTAKER	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septiehaeample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal perilonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



N. B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

nent of	county anne arundel	CERTIFICATE OF DEATH
Exact staten	Village or City Crownsvillano, Vale	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ly classif	Male Black Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  May 20, 1915  (Month) (Day) (Year)  17.   HEREBY CERTIFY, That I attended deceased from
be proper	Multiple (Month) (Day) (Year)	January 19,1915, to May 20,1915, that I last saw him alive on May 20,1915,
it may back of	7 AGE  6 5 yrs. Unformer of or min.?	and that death occurred on the date stated above, at
s, so that	(a) Trade, profession, or fallowers  (b) General nature of lodustry  business, or establishment in	(Quration) × yre × mos. Short
ain term e instru	9 BIRTHPLACE (State or country) Waryland	Contributory Secondary
TH In pl	O TI BIRTHPLACE	(Signed) Alerk & Marvede M. B. May 2/, 1915 (Address Cours ville Med
OF DEA	U SIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WHAT OF MOTHER	State the DISEASE CAUSING DEATH OR, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, ANSTITUTIONS, TRANSIENTS,
CAUSE ON IS very	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At placa of deethyrs.
State C	(Informant) Hospital Oscords	If not al place of deeth?  Former or usual residence Worcester County,
should state (OCCUPATIO	Filed , 1917 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V/S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to write None. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Croeery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from child-birth or miscarriage as "Puenperal septicharmia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-The contributory (secondary or intercur-Never report mere



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred h ..Ward) a hospifal or institution give its NAME Instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, Wzdowad (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY. DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishment in -SIV which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAMI OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) State _____ yrs, ____ mos. ___ ds .... yrs. ..... mos. .... ds. Where was disease contracted. 14 THE ABOVE If not at place of death? usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of may be stated under the head of "Dropsy," "Exhaustion," Never report For vio



#### PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 6109 County A A Village or City Severe (No. 2701L NAME Joseph D)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2 2  St.; Ward)  St.; Ward)  June 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR BACE SINGLE, MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH  (Month) (I)ay (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (MoAth) (Day (Year)  1 day, 3 hrs.	that I last saw harm allve on Many 7, 1915, and that death occurred on the date stated above, at 1 m,  The CAUSE OF DEATH* was as follows:
BOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Marull and	Congression (Duration) yrs mos ds.  Contributory Secondary
11 BIRTHPLACE OF FATHER Control Of Mother Of M	(Signed)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Alary 9, 191.2
Filed Mary 5th, 1915' Soliday acobour  If more blanks are needed, address State Regist	20 UNDERTAKER Security  Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous write None. As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. Is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehuevaleular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably saicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioctc., when a definite disease can be ascertained as the genital." "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senile," ctc.), (Recommendations ou statement of "Dropsy," "Exhaustion," Never report



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus, Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull "Senile," etc.), as "PUERPERAL septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"



S. No. 1. 1

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE CAUSE OF Important, S PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution. give its NAME instead

2 FULL NAME Hergus	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Themale While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Moyth) (Day (Year)
9 DATE OF BIRTH  May  (Xear)	17 I HEREBY CERTIFY, That I attended deceased from 191—, to 2007———————————————————————————————————
7 AGE  If LESS than 1 day hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment to which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs mos ds.
FATHER Weliam the Hugguego  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds
(Informant) (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Patryers Ind	Balling Cementy Ollis many 15. 1915.  20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as ete., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

d

1 PLACE OF DEATH	STATE OF MARYLAND
6.0	CERTIFICATE OF DEATH
County	
	Registration Dist. No. 2
Village or City Churchols (No. 120)	
	a hospital or institution, give its NAME instead
2 FILL NAME Seedla	Tueseler of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MINGLE	16 DATE OF DEATH May 13 1915
Terrial White OR DIVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(1 2 13 87	, 1915, to 7, 1915,
(Month) (Day) (Year)	that I last saw he alive on May 3, 1915,
7 AGE It LESS than	and that death occurred on the date Stated above, at
3 6 yrs mos. O ds. OR min.?	The CAUSE OF DEATH * was as follows:
	_
a) Trade, profession, or	Cerebral Humarrhage
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duratton) yrs. mos. ds.
which employed (or employer)	contributory Ruptur a circle
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF O	(Buralion) yrs. mos. ds.
FATHER GOM ON Final Prince Par	(Signed) S. S. Alphin, M. O.
U II BIRTHPLACE	191 (Address) Demapolis had
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Lug 11 12 Hames 1	*State the DISPASE CAUSING DEATH OF in deaths from VIOLENT
C 12 MAIDEN NAME	CAUSER, state (1) MEANA OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER OF	OR RECENT RESIDENTS)  At place In the
(State or country)	ef desth yrs. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	if not st ptscs of desth?
(Informant) Mrs III & Dieseler	Former or usual residence
and gold	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Auricycous 199	St annes Cent May 6, 1015
16 The 11 - Amenilal	20 UNDERTAKER ADDRESS
Filed May 6, 1915 HT 3/1806	Jas Jayler Jons (mapoli
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
I more blanks are needed, address State Registrar	Md

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age,": "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meusles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from childrent) affection need not be stated unless important. The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere (Recommendations wound



MARGIN

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it masses instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o S. No. 1.

#### 1 PLACE OF DEATH

6113

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fennal Color of Race 5 SINGLE, MARRIED, WIDOWED, Married ORDIVORCED (Write the word)	16 DATE OF DEATH 3, 1915
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  1 (Year)	that I last saw h slive on
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Lacture Secondary (Doration) yrs mos ds  (Signed) Maclau Barrel M. D. D. Contributory Lacture Secondary (Doration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, If not at place of death? former or usual residence.
(Address) South Run Pro	Deniel Star Emeter Men 191
FIJO May 4,1915 Made Can DeGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



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Instructions on

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Item 9

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PHYSICIANS should of OCCUPATION IS

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred is -Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Day (Year) (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at/ 30 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ___ mos. _ Where was disease contracted. if not at place of death?. Former or (Intermant) usual residence. OR REMOVAL DATE OF BURIAL (Address) 15 ADDRES REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to cach and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Ex-



Cour	nty Anne Arundel  ago or City Crownsville State  2 FULL NAME Basil Hall	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2  Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
7 AC	Jale Black Wildowed arried OR DIVORCED (Write the word)  ATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  May  (Month)  (Month)  (Dhy)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from May  14, 1914, to May  18, 1915, that I last saw him alive on May  18, 1915, and that death occurred on the date stated above, at 69, m.  The CAUSE OF DEATH * was as follows:
D (k	of General nature of lodustry  sliness, or establishment in  hich employed (or employer)  IRTHPLACE (State or country)  Maryland  10 NAME OF FATHER  Police  Hoall	Contributory Cerebra Hemorrhage Secondary  (Buratlon) Upolingoring  (Buratlon) Pres. mos. 9 de.  (Stened) Down Ferrore M. O.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Adeline Kent  13 BIRTHPLACE OF MOTHER (State or country) Maryland	*Sylte the DISMASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSEA, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place  In the State, Tree Mes. de. State, Tree Mes. de.
14 7	(Informant) Hospital Records	Where wes disesse controcted, if not at place of death?  Former or usual residence Arrested County  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FI	(Address)  Jed May 20, 1916 - Mrs Melch  REGISTRAR	St mary Cent My 20, 1915.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS "Puerperal perilonitis," etc. State cause for which birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Struck by railway train—accident; Revolver wound "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephritis, ctc. Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichaemia," Never report mere



Profession Disk No. 2
Village or City Crowwilke State Hashitalse; Ward)  [If death occurred by a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DI
TAGE    Color   18   17   18   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.   191.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)  Pulmonary Tubes Culosu  (Durstion)  yrs. 6 mos.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (Signey ARM)  (Signey ARM)  (Signey ARM)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 DISTRIBUTION  14 CAUSIS, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENCE) At place of death 3 ms. 7 mes. 5 ds. State,
(Address)  15 PLACE OF BURIAL OR REMOVAL    Sorphial Camelany May 20, 191.5    Filed   So.   1915   Registrar

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm labarer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lctanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. birth or miscarriage as "Puenperal septichacmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (discase causing death), 29 ds.; Bronby railway train-accident; Revolver The contributory (secondary or intercur-State cause for which "Atrophy," "Colwound ("Con-



PLACE OF DEATH  County  Village or City  FULL NAME  1 PLACE OF DEATH  6117  6117	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 13  1915, to 24  1915,
(Month) (Day) (Year)	that that saw harmalive on 2 2 13 , 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry business, or establishment in which employed (or employer).	Ourellon) yrs. 4 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Safield Chintin  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  14 AMAIDEN NAME  15 MAIDEN NAME  16 MOTHER  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAI	(Signed) Milliam (Address) Sutto Method Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sutdatal Homeloal.
13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE 15 TRUE TO THE BEST OF 17 KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) fernel Jewin  (Address) Fairfield med  15 May 15 M. J.	Former or usual residence  19 PLACE OF BURIAL OF REMOVAL  TUMBLE  20 UNDERTAKER  ADDRESS  19 PLACE  20 UNDERTAKER  ADDRESS  ADDRESS
REGISTRAR	16 W Santage St. Balta Paguaging V S No. 1

If more blanks are needed, address State Registrar, 16

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer. Farm laborer, Laborer of the second statement. Never return "Foreman," "Manager," "Dealet," etc., w mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-Stationary fireman, etc. But in many cases, Women at home, who are engaged in If retired from without more The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of Jungs, meninunqualified, is indefinite); Tuberculosis of Jungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated mus," head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, surgical operation was under aken. For violent deaths Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL "Puerperal perilonities," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intereurcough; Chronic valuular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," State cause for which "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

MARGIN

of 0	1 PLACE OF DEATH	7077 STATE OF MARYLAND
PHYSICIAN statement	county Univer arrandel	CERTIFICATE OF DEATH
/SIC		Registration Dist. No.
PH	Village or City Talloways (No.	St.; Ward) [If death occurred in a hospital or institution,
Exac	2 FULL NAME	Hebron give its NAME instead of street and number.]
Tied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXACTLY by classified, Ex	3 SEX: 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWS OR DIVERSED AND A DE CORDINARIO DE COR	16 DATE OF DEATH May 13, 1915  (Month) (Day) (Year)
d be staroperly	Male Plas OF DIVORCEDURGE  ODATE OF BIRTH  ODATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
305	may 13 1915	that I last saw h alive on 191 , 191 ,
2 × 8	(Mohth) (Day) (Year)  7 AGE If LESS than	and that death occurred on the date stated above, atm.
AGE it ma back	yrs	The CAUSE OF DEATH * was as follows:
ed.	B OCCUPATION (a) Trade, profession, or particular kind of work	Still Buth
suppliers, so the	(b) General nature of industry business, or establishment in	(Buration) yro mos, ds.
n terms, instructi	which employed (or employer)  9 BIRTHPLACE	Contributory
2 5 5	(State or country) Md.	Secondary  (Buralion) yrs mos ds.
2 5	10 NAME OF STATHER SOME SALES	(Signed) I miliane Carro , M. O.
ould TH tant	U II BIRTHPLACE	Dr. 16, 1915 (Addrew West Wer
of DEA	Z OF FATHER (State or country)  12 MAIDEN NAME OF	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal of Homicidal.
	of MOTHER Molly Tross	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
S US	13 BIRTHPLACE OF MOTHER (State or country)  Md.	At place in the of death yrs. mes. ds. State, yro. moo. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
state PATI	(Informant) I melialista	Formor or usual residence
Every item of its should state CA OCCUPATION	(Address) Galloways Mil.	allowing DATE OF BURIAL  allowing 13 , 191.0
S. P. O.	15 Ded 191	20 UNDERTAKER ADDRESS
<u>m</u>	Filed, 191 REGISTRAR	George Lebron Galloways M.
2	If more blanks are needed, address State Registrar,	16 W. Sarakoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Cool mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness, to determine definitely. *Examples: Accidental drowning. "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite discase can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of..... "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Atrophy," "Colpurnoan

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.



Cent out for

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City Carlfat (No. 11)	Ward)  [If death occurred in a hospital or institution, give. is MMEx instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Write the word)  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MAY (Month) (Day) (Year)
Month (Day) 1915	may 14, 1915, to May 14, 1915, that I fast saw have alive on May 14, 1915,
7 AGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 8.1.15 pm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs mes ds.
9 BIRTHPLACE (State or country) Castlevel m	Contributory Secondary  (Burstion) 773 7808 ds.
10 NAME OF W. 20. Hullock	(Signed) Sindle Berger M. O. May 15, 1815 (Address) W. S. Marke Baddonu
OF FATHER (State or country) May level	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
13 BIRTHPLACE OF MOTHER (State or country) Circupolis Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)   All place   In the af deeth
(Informant) W. H. HENLOEK	Where was disease contracted, If not of place of death?  Former or usuat residence
(Address) but port a a Co My	19 BLOSE OF BURIAL OR REMOVAL OATE OF BURIAL Wiley 5, 1915
Filed May 15, 1915 AMSWELCH REGISTRAR	Ja / Jay lu Seres Oringol;
If more blanks are needed, address State Registrar,	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to engineer, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbalic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; or miscarriage as "PUERPERAL septichaemia," by railway train-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion," munou



V. S. No. 1.

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#### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 WITH UNFADING INK-THIS PLAINLY, WRITE CAUSE OF Important. S

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

St.;---Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

	2FULL NAME Oliss Janu	usn.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the Word) manual	16 DATE OF DEATH May 1913.  (Month) (Day (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1915, to May 1 1915;
TAG	2,9 t day,hrs.	and that death occurred on the date stated above, at 2/2/Am, The CAUSE OF DEATH* was as follows:
5 (a) par (b) busi	Yrs. mos ds OR min.?  Trade, profession, or dicular kind of work.  General nature of industry, ness, or establishment in the amployed (or employer)	Phlegmonous English  (Duration)yrs mos /0 ds.
9 B	RTHPLACE (State or country) many Com.	Contributory Secondary  (Duration)yrsmosds
TS	10 NAME OF FATHER ALLOWN  11 BIRTHPLACE OF FATHER	(Signed) (Sofon Merican N. D.  May 1 of , 191 5. (Address) Oderton Mod
PARENT	(State or country) Dot Curral  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Notokuron	At place of death yrs. / mos. ds. State yrs, mos. ds
(	informant) Records of maryland House C  (Address) Assups ma	Where was disease contracted, if not at place of death?  Former or usual residence. Qascland Maria of Burial Date of Burial Date of Burial
16	m man 1 st 1915 of H 9 Hallate	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

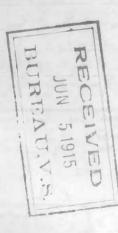
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has additional live is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) flyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuilc," etc.), Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or lutercurrent) Always qualify all diseases resulting from "Dropsy," The nature of the "Exhaustion," Never report EX-



1 PLACE OF DEATH

Cour	my anne arundel	CERTIFICATE OF DEATH
	0 .00 5+	Registration Dist. No.
Villa	ge or City (rownship) Jale	Boyllast; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Eddie Johns	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Black Single, MARRIEO, WIOOWED OR OIVORGED (Write the word)	16 DATE OF OEATH May 31, 1915
6 0/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) 1877	that i last saw h in alive on May 3/ 1915
7 AC	if LESS than	and that death occurred on the date stated above, at 7.6. m.
	38 yrs Unfanouy 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 0	CCUPATION a) Trade, profession, or urlicular kind of work	Strangulated Hemia
1) (1	o) General nature of lodustry Islness, or establishment in	
W	nich employed (or employer)	Contributory General Peritority
	(State or country) Maryland	Secondary (Obrasion) vrs. mos ds
	10 NAME OF James Johnson	(Bignod) atech & milione in 0.
STN	11 BIRTHPLACE OF FATHER (State or country) Maryland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SOICIDAL OF HOMICIDAL.
PARENT	12 MAIDEN NAME OF MOTHER OF MOTHER	SOICIDAL OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Manifland	At place of death 2 yrs. // mes. 23 ds. State, yrs. fines. de.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted at place of death?
	(informant) Hospital Mecords	usual residence anne Chandel County
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	6/2 5 BONSlown	39 UNDERDAKER ADDRESS
FI	191 REGISTRAR	K. W which Tufal Ctownsorth
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Managor," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

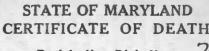
on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." mus, and consequences (e. g., sepsis, tılunus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septicharmia," cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping when a definite disease can be ascertained as the "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere (Recommendations nound



+i	
No.	

### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS See Instructions on back of certificate. PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, so WRITE Important.

1 PLACE OF DEATH



Registration Dist. No

Ward)

[If death occurred in a hospital or lostitution, give its NAME instead

FULL NAME Offa John	Son of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color of RACE 5 SINGLE, MARRIED, Single MARRIED, MISSORED (Write the word)	16 DATE OF DEATH 22 ,1915 (Month) (Day (Year)
7 AGE   Month   Most   Most	17 I HEREBY CERTIFY, That I attended deceased from
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Partol Shot accidental  (Buration) yrs mos ds.
9 BIRTHPLACE (State or country) I Margrelo a - Co nd.  10 NAME OF FATHER Marshall Johnson  11 BIRTHPLACE OF FATHER (State or country) in Margrelo Md.  22 WAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary  (Buratlon) yrs mos ds.  (Signed) 3, D. Lidout, M. D.  May 2.3, 191.1 (Address) Annufulia Max 12.5)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally or Homicidal.
of Mother Muny Johnson  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, If not at place of death?
(Informant) Marshall Johnson.  (Address) St-Margazle Mad.  16 Filed May 24, 1915 Ams Welch	Former or usual residence.  19 PLACE OF BURIAL OR, REMOVAL  DATE OF BURIAL  PORTAL  20 UNDERTAKER  ADDRESS  ADDRESS
REGISTRAR	E.H. Buarker & Son 92 WEST St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.

[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of ago. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuauition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably cause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations ou statement of death), 29 ds.; "Exhaustion," For VIO-



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	PLACE OF DEATH 6122	STATE OF MARYLAND
Coun	nty a cac	CERTIFICATE OF DEATH  Registration Dist. No. 2/
Villa	ge or City annapolis (No. 6 ),	Ward)  [If death occurry a hospital or institution of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Calones Grace Single, MARRIED, WIDOWED OR WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (1
6 DA	(Math) (Day) (Year)	that I last saw has palive on Alaca 2 1/1/19
7 AG		and that death occurred on the date stated above, at
par (b	yrs. mos ds. OR min.?  CCUPATION  1) Trade, profession, or ricular kind of work  1) General nature of industry siness, or establishment in	The CAUSE OF DEATH * was as follows:
	IRTHPLACE (State or country) annafasti min	Contributory
RENTS	10 NAME OF CICTURE Coloristers  11 BIRTHPLACE OF FATHER (State or country) Orrectofolis mod  12 MAIDEN NAME	(Signed)  191. (Address)  State the Disease Cusing Death, or, in deaths from Viole Cubes, state (1) Means of Injury; and (2) whether Accident.
PA	13 BIRTHPLACE OF MOTHER (State or country) Annagation of the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of deathyrsmosds. State,yrsmos
	(Informant) William Shuston	if not at place of death?  Former or  usuel residence
	(Address) & 1 Mater St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	May 31 1915 - Amg Welch	20 UNDERTAKER B TH opping annafast

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At lome. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, mus," "Old Age," "Shock," "Uracmia," "Weakness, Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senilc," ctc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by "Dropsy," "Exhaustion, carbolic acid-probably State cause for which



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Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

I'lf death occurred in a hospifal or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Benale Color of Race 5 Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH MAN 1914 , 1914 (Month) (Day (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased from
may 14, 19/3	that I last saw he salive on hady JU 1915
(Morth) (Day (Year)	00
1 day,hrs.	and that death occurred on the date stated above, at
yrsds. ORmin.?	Consocial Cardias mellanti-
a) Trade, profession, or	- Francisco - Contractor - Cont
particular kind of work.  (b) General nature of Industry,	
business, or establishment in	(Duration) yrs mos 7 ds
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER	(Duration) T. J. yrs mos. ds.
4 homas tomeson	(Signed) M. D.
OFFATHER	may L, 1915. (Address) which may
12 MAIDEN NAME OF OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or in heaths from VIOLENT CAUSES, state (1) MEANS OF MUURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Horace John	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
(State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Thomas Johnson	Former or usual residence
(Address) Levern Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(AUDIESS).	Forcet Love Cemelity Ind. may 22 1915
Filed Man 2/3915 - L H & Haskuta	20 UNDERTAKER ADDRESS
Lucal REGISTRAR	a: gelly Harmone, Ind.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIOds.



V. S. No. 1.

County Q Q	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Cactport (No. 177, H	Ward)  [If death occurred a hospital or institution give its NAME instead of street and number of street and numbe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCES (Write the word) 6 DATE OF BIRTH  Cug (Month) (Day) (Year)	16 DATE OF DEATH  May  (Month)  (Day)  (Yes  (Yes  17  I HEREBY CERTIFY, That I attended deceased fr  May  23  1915, to  191  that I last saw h smalive on  May  27  191
7 AGE  11 LESS than 1 day, hrs.  10 OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 7.45
particular kind of work  (b) General nature of industry business, or establishment in which employed (er employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Burstion)  (Burstion)  (Burstion)  (Burstion)  (Burstion)  (Burstion)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Unknown, 12 MAIDEN NAME	(Signed)  May 78, 1915 (Address) Onnafolis  State the Dibease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the effective of deeth yrs. mes. ds. Slate, yrs. mes. where was disease contracted, ff nel al place of death?
(Address) Carl fold a a Co 3/1 16 Filed May 28, 1915 - Amg Milel REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Paleonal Cent May 36, 191.5  20 UNDERTAREHO  ADDRESS  Unapol.  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Cotton If retired from without more The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of by Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause Never report mere (Recommendations



Every litem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

N. B.

RECORD

6125 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

I'lf death occurred in a hospital er institutioe, give Ifs NAME instead of street and nember.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fundle Blush ( Single, Married, Wisowed, Orbivorced (Write the word)	16 DATE OF DEATH Moy 20 ,1915
S DATE OF BIRTH  One of the state of the sta	that I last saw here alive on May 18, 1915.
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of Industry, business, or establishment in which empleyed (er employer)	(Ourafien) yrs mes ds.
(State or country)  10 NAME OF FATHER WILL CYSCAL  11 BIRTHPLACE OF FATHER (State or country)  WARRENT COUNTRY)	(Signed) A Terrel , M. D.  May 21, 191.5 (Address) Mc Kendree my
(State or country)  12 MAIDEN NAME OF MOTHER COUNTRY  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mes. ds. State yrs. mos. ds
(Informant) TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease centracted, If not at place of death?  Former or usual residence
(Addréss) 100 pt 16 pt 1	Trendaly, hu lay 24, 191 5  20 propertaker  North Wood Trend his had
If more blanks are needed, address State Regist	trar, 6 E. Frankla St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," probably of



V. S. No. 1.

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RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

# GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very fmportant. See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s.

Grade Moor 1 PLACE OF DEATH County..... Village or City

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.St.;.... ......Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) Augle	16 DATE OF DEATH Way 9, 191.2.  (Morth) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, that I last saw h Mile alive on 1915,
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at3 FMm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession; or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country) Deulm md	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Ors Meneures N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER PLACE  OF MOTHER PLACE  12 MAIDEN NAME OF MOTHER PLACE  13 MAIDEN NAME OF MOTHER PLACE  14 MAIDEN NAME OF MOTHER PLACE  15 MAIDEN NAME OF MOTHER PLACE  16 MAIDEN NAME OF MOTHER PLACE  17 MAIDEN NAME OF MOTHER PLACE  18 MAIDEN NAME OF MOTHER PLACE  19 MAIDEN NAME OF MOTHER PLACE  19 MAIDEN NAME OF MOTHER PLACE  10 MAIDEN NAME OF MOTHER PLACE  10 MAIDEN NAME OF MOTHER PLACE  10 MAIDEN NAME OF MOTHER PLACE  11 MAIDEN NAME OF MOTHER PLACE  12 MAIDEN NAME OF MOTHER PLACE  13 MAIDEN NAME OF MOTHER PLACE  14 MAIDEN NAME OF MOTHER PLACE  15 MAIDEN NAME OF MOTHER PLACE  16 MAIDEN NAME OF MOTHER PLACE  17 MAIDEN NAME OF MOTHER PLACE  18 MAIDEN NAME OF MOTHER PLACE  1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted.
(Informant)	If not at place of death?  Former or usual residence
(Address)  15  Filed May 10 th , 1915 L J S J Ash Jan	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MARY 19 1915  20 UNDERTAKER  ABDRESS  ABDRESS  ABDRESS  ABDRESS  ABDRESS

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulentising dearn, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient; e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication as Day taborer, Farm taborer, Laborerit should be used only when needed. additional live is provided for the latter statement; Civit engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, cuted thus: Narvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: But in many "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tubercutesis of tungs, moninges, peritonacum, etc., Carcin-

50,

valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association. "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 "Dropsy," The nature of the State cause for "Exhaustion," Never report For VIO-



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

	PLACE OF DEATH	STATE OF MARYLAND
Coun	in a a	CERTIFICATE OF DEATH
		Registration Dist. No. 2/
Villa	ge or City anapoles (No.	St.; Ward) [It death occurred in a hospitat or institution,
	2 FULL NAME Supersed J. J.	McClea give its hame instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	tale White Single, MARRIED, Wildham OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Year)
6 DA	TE OF BIRTH Harrison	17 I HEREBY CERTIFY, That I attended deceased from ,191, 191,
7 AG	(Month) (Day) (Year):	that I last saw h alive on 191,
2	Chart 35 yes 1 day, hrs.	and that death occurred on the date stated above, at
8 00	CCUPATION	dougental proving.
bai	rilcular kind of work	
bus	) General nature of industry siness, or establishment in ich employed (or employer)	(Ouretion) yrs mos ds.
	RTHPLACE (State or country)	Contributory
	10 NAME DF FATHER Unknown	(Signed) W. T. Munick, Coroner las
RENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
ARE	12 MAIDEN NAME OF MOTHER Michael	SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE DF MOTHER (State or country)  Multiveria	OR RECENT RESIDENTS) All piece in the st death
	(Informant) Africa Mary Level to	Where was disease contracted, if not at place of death?
	(Address) Clue	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 17, 191.5
15 Fil	ed May 17, 1915 Ams Welch REGISTRAR	20 UNDERTAKER J. Yay la Jons aparess Uninapolis
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. C yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many eases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. "PUERPERAL peritonitis," etc. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "PUERPERAL seplichaemia," by Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtrain-accident; Revolver Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," mound



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	** FULL NAME DETGIE 6. 9	Registered No.  [If death occurre a hospital or institute give its NAME institute of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCES (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17
8 D	(Month) (Day) (Year)	that I last saw here alive on May 22 14, 1916
7 A C		and that death occurred on the date stated above, at 2.  The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or ticular kind of work.  General nature of Industry, ness, or establishment in ch employed (or employer)	(Buration) - yrs. 3 mos. =
9 BI	RTHPLACE tate or country) SSEX Country	Contributory (Secondary)  (Duration)
_	10 NAME OF ALL	(Cignod)
ENTS	11 BIRTHPLACE (State or country) CSEL Country	(Signed) (Address) (Addres
-	11 BIRTHPLACE OF FATHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place
PARENT	11 BIRTHPLACE (State or country) CSEL Country  12 MAIDEN NAME OF MOTHER Prairie Faultuer  13 BIRTHPLACE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place in the

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divers the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarrlage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Can-

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BUREAU, v.S.

0 40	! PLACE OF DEATH	STATE OF MARYLAND
	a a (YX	CERTIFICATE OF DEATH
HYSICIAN	County	Pagistration Diet No. 21
> 05		Registration Dist. No.
	Village or City Churapolis (No. 2/5,	Les St.; Ward) [If death occurred in a hospital or institution,
0	11 11 1	give its NAME instead
FX	2 FULL NAME Tarrels H.	aydon of street and number.]
AC.		A STATE OF BEAT
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTAGOATE OF DEATH
10	SEX 4 COLOR OR RACE MARRIED, WIDOWED WINGLE	16 DATE OF DEATH
stated ly claste.	Male While Brivorce / (Write the word)	(Month) (Day) (Year)
be sta	6 DATE OF BIRTH	HEREBY CERTIFY, That Nattended deceased from
0 12	4 19 89	, 1915 , to , 1915 , 1915 ,
should be pro	(Month) (Day) (Year)	that I last saw h alive on , 1913,
o to	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 2 7 m.
t m	26 yrs 3 mos 26 ds. OR mln.?	The CAUSE OF DEATH & was as follows:
120	71)/0	fulmonary for much
tha	8 OCCUPATION (a) Trade, profession, or particular kind of work	
Sos	(b) General nature of industry	
fully supp terms, so struction	business, or establishment in which employed (or employer)	(Buration) yrs. 5 mos. ds
full		Contributory
5 c.c	9 BIRTHPLACE (State or country) (Sandalandia Mid	Secondary
o ca See	10 NAME OF	(Amalion) yrs mos ds
d in	FATHER Williams Maydon	(Signed) , M. O
TH tan	II BIRTHPLACE OF FATHER	, 191.3 (Address)
on shoum	(State or country) ong land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
in Dir	MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
SE O very	13 BIRTHPLACE	OR RECENT RESIDENTS)
los USI s v	of MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
NAS	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseese contracted, if not et place of death?
te of	Win & Mandon	Former or
sta Sta	(informant) Muss de Magard	usual residence
Y BO	(Address) Unicopoles Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every item of in should state CA OCCUPATION	15	Mays cent May 191.3.
1.00	Fled May 2, 1915 - Milch	P UNDERTAKERY ADDRESS
<u>.</u>	REGISTRAR	yas a day a sons amapoles
Z	If more blanks are needed, address State Registrar	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (rosery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon mobile factory. know (a) the kind of work and also (b) the nature of the applies to each and every person, prespective of age -Coal minc, etc. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Architect, Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria Tayoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," genital," "Senile," etc.), "Annemia" (inerely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing de. ), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitud ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Dropsy," (Recommendations "Exhaustion," ("Con-

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BURBATIA.

PLACE OF DEATH

state Very CERTIFICATE OF DEATH 20 Para Registration Dist. No. OCCUPATION PHYSICIANS lif death occurred in RECORD a hospital or Institution. give its NAME instead of street and number. ] of statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) Exact 17 LHEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. pe Month) (Day (Year) 7 AGE It LESS than should and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? properly BOCCUPATION AG (a) Trade, profession, or INK particular kind of work supplied. pe (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Contributory that it 10 NAME OF FATHER 80 0 pe back ARENTS terms, 11 BIRTHPLACE should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 0 12 MAIDEN NAME plain EATH in plain e instructions OF MOTHER information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country WRITE Where was disease contracted, BEST OF Sec If not at place of death? Q Item usuai residence Important. Every It DATE OF (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



OCCUPATION St.:...Ward) Village or City. CORD PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH S SINGLE. 4 COLER OR RACE MARRIED OLIC WICOWER, ORGIVORCED (Write the Word) 6 DATE OF BIRTH (Year) (Day) (Month) if LESS than TAGE 1 day, .....hrs. OR ....min. ? roperly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment la may which employed (or employer) -Contributory. certificate. ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 90 back 11 BIRTHPLACE terms. FNT OF FATHER (State or country) TAL, SUICIDAL, OF HOMICIDAL. ARI 12 MAIDEN NAMA OF MOTHER Instructions plali 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ξ OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. DEATH Where was disease contracted, MY KNOWLEDGE If not at place et death?... 0 Former or PO usual residence. Item mportant. 19 PLACE OF BURIAL OR REMOVAL CAUSE 16 20 UNDERTAKE 0 ż If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ilt death occurred in a hospital or Institution, give its NAME instead

of street and number. I

MEDICAL CERTIFICATE OF DEATH

1915 (Month) (Day) (Year) CERTIFY, That I attended deceased from

and that death occurred on the date stated above.

.Vrs........mes..

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

in the

State yrs, mos.

DATE OF BURIAL 1910

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite salary), may be eutered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pdeumodia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum,

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," pant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 cs.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for



V. S. No. 1.

1 PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
Cour	nty a a	CERTIFICATE OF DEATH  Registration Dist. No.
Villa ::	age or City Surdenile No. 2 FULL NAME WAY & Coffee	St; Ward)  [if death occi a hospital or ins give its NAME of street and ne
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Color OF RACE 5 SINGLE, MARRIED, Maried OR OIVORCED (Write the word)	16 OATE OF DEATH May (Month) (Day)
6 DA	ATE OF BIRTH down / Brush -	Was dead, 191 to when 2
7 AC	(Month) (Day) (Year)	that I last saw h alive on Dow hum.
Co	1 day hrs.	and that death occurred on the date stated above, at 0 The CAUSE OF DEATH * was as follows:
8 0	CCUPATION a) Trade, profession, or	tred Budgerly Duffor
pa	irticular kind of work  5) General nature of lodustry	Heart failure
100	, and a maint of manon	
	isiness, or establishment in	(Quretion) yrs mos.
wh	IRTHPLACE (State or country)	Contributory
wh	islness, or establishment in hich employed (or employer)	Contributory
8 B	Islness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER PLACE OF FATHER (State or country)  May Country  May Country	Contributory Secondary  (Signed) A GULLANA CALLANA Process Assate the Dispuser Callana Process of the Contributory  (Signed) A Guerra of the Contributory of the Contr
9 B	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Signed) State the DISPASE CAUSING DEATH, or, in deaths from Vio Causing of Injury; and (2) whether Accided Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA
PARENTS	11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 BIRTHPLACE OF MOTHER (State or country)  17 BIRTHPLACE OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Burstlen) yrs mos  (Signed) A CALLAN CALLAN (State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSINS, state (1) MEANS OF INJURY; and (2) whether Accided Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRA  OR RECENT RESIDENTS)  At place in the state, yrs. moss; ds. State, yrs. moss.
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER  17 BIRTHPLACE OF MOTHER  18 BIRTHPLACE OF MOTHER  19 BIRTHPLACE	Contributory Secondary  (Burstion)
PARENTS	10 NAME OF FATHER State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 MOTHER (State or country)  16 MOTHER (State or country)  17 MOTHER (State or country)  18 MOTHER (State or country)  19 MOTHER (State or country)  10 MOTHER (State or country)  11 MOTHER (State or country)  12 MOTHER (State or country)	Contributory Secondary  (Signed) (Signed) (State the DISPASE CAUSING DEATH, Or, in deaths from Vio Cadses, state (1) Means of Injury; and (2) whether Accided Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIOR RECENT RESIDENTS) At place the state of death the state of death the state of death the state of death?  Where was disease contracted, the not at place of death?  Former or

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engaged in domestic service for wages, as Servant, Cook eniployed, as At school or wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, The material worked on may form part At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Rronchopneumonia ("Pneumonia," menin-

surgical operation was undertaken. For VIOLENT DEATHS on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull hcad-homicide; Poisoned succidat, or-nomicidate or as probably such, if impossible state means of injury and qualify as accidental, "PUERPERAL perilonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... Struck by to determine definitely. Examples: Accidental drouming; or miscarriage as "Puerperal septichaemia," railway train-accident; The contributory (secondary or intercurby carbolic acid-probably State cause for which Never report mere Revolver wound of



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### CORD PERMANENT supplied. pinous Information ō item

Very

OCCUPATION

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classified.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF Registered No fit death occorred to Ward) (No .... a hospital or institution. give its NAME instead at street and nomber. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE 1915 MARRIEO, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day) If LESS than and that death occurred on the date stated above, st. 7 AGE 1 day .....hrs. The CAUSE OF DEATH * was as follows: OR ...... 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature at industry, business, or establishment in may. which employed (or employer) ..... Contributory certificate. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 (Address) 11 BIRTHPLACE back ARENT OF FATHER (State or country) termi *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the 2 At place OF MOTHER (State or country State ...... yrs, ____ ot death _____ yrs. ___ mos. ___ DEATH Where was disease contracted. OF MY KNOWLEDGE It not at place of death?-----Former or (Informant) usual residence. OF mportant. Every ite DATE OF BURIAL (Address) 191 \$ 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwbo receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



UNFADING INK-THIS IS

RECORD

PERMANENT

N.B.

1 PLACE OF DEATH 6133	STATE OF MARYLAND
County ann amund	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Daywords (No	St.; Ward)  [if death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH  (Month) (Day (Year)
Jesuph Colons (Write the word)	I HEREBY GERTIFY, That I attended deceased from
non 25 1914	To the Carlot 191
(Montb) (Day (Year)  7 AGE   11 LESS than   1 day,hrs.	that I last saw h alive on 191 and that death occurred on the date stated above, at 7
OCCUPATION 975 MOS MOS OR MIN. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrsa mos. A d
9 BIRTHPLACE (State or country)	Contributory Evolution Surpling Surpling
10 NAME OF J. Leury Parla	(Signed) Rosbus (Duration) yrs mos d
11 BIRTHPLACE OF FATHER (State or country)	May 19, 1915 (Address) West River M
OF FATHER (State or country) Menfaul  12 MAIDEN NAME OF MOTHER 5	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) May Sand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS)  At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs mos ds. Stateyrs mos d  Where was disease contracted, If not at place of death?
(Informant) & Levery Parker	Former or usual residence
(Address) Infaeds Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flind May 19 194 - May Com Com	20 UNDERTAKER ADDRESS 1.
A M C - PEGGETTAR	com mariable the M. M. B. L. Kland

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS item of information should be WRITE N. B.—Every Item CAUSE OF Important,

PLACE OF DEATH 6134
County Anna Armall

(No....(60)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

_St.;----Ward)

[if death occurred in a hospital or institution, give its NAME instoad of street and nomber.]

2 FULL NAME Latharin Yack	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Colored Single, MARRIED, MUSICE WIDOWED, ORDIVORCED (Write the WORD)  8 DATE OF BIRTH UNKnown	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I stended deceased from  (19)  (19)  (19)  (19)  (19)
(Month) (Day (Year)	that I last saw h alive on, 191
Tage 18 If LESS than 1 day, hrs. or	and that death occurred on the date stated above, at
business, or establishment in which employed (or amployer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Daac Tarker  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER The Country of the Coun	(Signed) Academ Survey (Signed) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS THE BEST OF MY KNOWLEDGE (Intermant)  (Address)  Dayards  (Address)  15  Filed Man 2/ 1915 Maslam Sward	OR RECENT RESIDENTS)  At place of death

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a dcfinite salary), may be entered as statement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of



supplied.

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STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No..... OCCUPATION Ilf death occurred in ..Ward) a hospital or institution. give its NAME instead of street and number. I ō MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEY 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCEO (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH . 1915 to 2 classified. that I last saw have alive on 1 (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at / 9 1 day .....hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? roperly 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, pe business, or establishment in (Quration) may which employed (or employer) ..... Contributory.... certificate. 9 BIRTHPLACE (State or country) (Secondary) that (Duration) FATHER of back 5 - 20 , 191 S. (Address) m'deile 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions of information DEATH in pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place in the of death ..... yrs. ... State ..... yrs, ..... mos. .... State or country .. mos. ..... ds. Where was disease contracted. if not at place of death? Item OF usual residence mportant. 19 PLACE OF BURIAL OR ы Every 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer--('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "l'unnermal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Tracmia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplacins); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Aser" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), (Recommendations on statement of may be stated under (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for the head Examples:



No. 00

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH N

PLACE OF DI	eath Unude	6136
Village or City	essupo	(No
FULL NAME	Sken	eer F

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No 22

St.;....Ward)

[if death occurred in a hospital or institution, give ifs NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single,  Marrieo,  Widowed,  ORDIVORCED (Write the word)	16 DATE OF DEATH  (Moth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h. Malive on 1915.
7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
** OCCUPATION (a) Trade, profession, or Jew Luborco (b) General nature of industry, business, or establishment in	(Ouration) A vrs. mos ds
*BIRTHPLACE (State or country) Potersburg Va	Contributory (Secondary)
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Intermant) Pude	it not at piace of death?  Former or  usual residence
(Address). Secence  15 Filed May 20, 1915 L H & Hashyla REGISTRAR	Chury Hill Md / AC May I D, 191.5.  20 UNDERTAKER  ADDRESS  AUSBRICH
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichae etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. -Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Sensle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



STATE OF MARYLAND of PHYSICIANS statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead EXACTLY of street and number." RECORD assified PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 16 DATE OF MARRIEO, WIOOWEO PERMANENT 910 0 OR DIVORCEO (Day) (Year) I HEREBY CERTIFY, That Lattended deceased from per 6 DATE OF BIRTH 5 certifi should eq 7 AGE It LESS than 0 and that death occurred on the date stated above, at/A.? ax 1 day, hrs. CX E U The CAUSE OF DEATH * 4 pa 00 OCCUPATION piled tha (a) Trade, protession, or particular kind of work IN 20 2 (b) General nature of lodustry instructi business, or establishment in UNFADING term carefully which employed (or employer) 9 BIRTHPLACE Secondar (State or country) 2 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 EW 13 BIRTHPLACE S OF MOTHER of infor 60 (State or country) 5 should state CA Where was disease contracted, 14 THE ABOVE IS usual residence 19 PLACE OF BURIAL OR (Address 15 THO 20 UNDERTAKER ADORESS Filed ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

BINDING

**ESERV** 

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question write None Housemaid, etc. taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of oecupa-For persons who have no occupation whatever, The material worked on may form part If the oecupation has been changed Women at home, who are engaged in Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF JNJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. Struck by railway with—accident; Kerotver wound of head—homicide; Powened by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The naterie of the injury, as fracture of skull, to determine definitely. *Examples: Accidental drowning; Example: Measles (disease causing death), 29 ds.; Bronor miscarriage as "PUERPERAL septichaemia," "Old Age," "Shoek," "Uraemia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere



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PHYSICIANS should state OCCUPATION IS RECORD 90 Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe S pinous UNFADING INK-THIS AGE supplied. pe carefully supplied that it may be certificate. 80 WITH be n terms, on back pinons PLAINLY, of information she EATH in plain the See instructions on WRITE CAUSE OF Important.

6138 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. [If death occurred in Ward) a hospital or institution. give Its NAME Instead of streef and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WHOOWED, AND ORDIVORCED (Write the word) (Month) (Day (Year) attended deceased from 6 DATE OF BIRTH 2 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date .......... 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Ind business, or establishme which employed (or employed

yrs 7 mos 3 ds. or	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Dentition Meninguis
9 BIRTHPLACE (State or country) Camaholis and	Contributory ( ) A ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
10 NAME OF BENJamm Robinson  11 BIRTHPLACE OF FATHER (State or country) Amapolio, Old	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Sig
12 MAIDEN NAME OF MOTHER Mary Hall.  13 BIRTHPLACE OF MOTHER (State or country) amakolis Md.	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant) Mary ( Governor)  (Address) 12 Pidouls Row	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 25, 1915 - Am & Walch Fied Stran	John Wesley, Cent-1 5. 26. 1915 20 UNDERTAKER J E.H. B Varker, V. Son. 92 WEST ST.
If more blanks nre needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. Screant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nus," "Old Age," "Shock," "Uraemia," "Weakness," mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—aeci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for death), 29 ds.; "Exhaustion," For VIO-



S. No. 1. 5 Important.

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RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Item of information should be CAUSE OF

e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. DEATH in plain terms,

6139 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale White Single, Widowed, Willowed, Willowed, Willowed, Willowed, Will the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  Sorie 15-, 1915- ()Youth) (Day (Year)	that I last saw him alive on May 18 1915
TAGE  if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at 9:30 %, m.  The GAUSE OF BEATH* was as follows:
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 20 ds
10 NAME OF JOHN SULL	Gontributory Secondary  (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CALSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the ot death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted,
(informant) Soldey Rodgers	if not at place of death?  Former or  usual residence
(Address) X rate May 18 Filed May 19 1915 - A. H. Zarrii	PATE OF BURIAL OR REMOVAL DATE OF BURIAL May 20 , 191

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarrlage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (Recommendations on statement of (secondary or intercurrent) EX-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 11915
BUIRFAU.V.S.

W. S. No. 1.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 6140	STATE OF MARYLAND CERTIFICATE OF DEATH
County V	CERTIFICATE OF DEATH
E 1 B	Registration Dist. No.
Village or City Cast / Tovo Rugn,	St; Ward)  [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
FULL NAME	7/C J Vageriora
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Phul Single, MARRIED, WIDOWEO, OR OIVERCED (Write the WORL)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH MALL 7 1915	, 191 , to , 191
(Month) (Day) (Year)	that I last saw halive on, 191
7 AGE If LESS than	and that death occurred on the date stated above, at
yrsds.   1 day,hrs.   0Rmlo. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Frade, protession, or particular kind of work	De ad Born
(b) Genoral nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country Early Brookly My	Gontributory (Secondary)
10 NAME OF Theodore M. Ruperiski	(Signed) On Orrange ds.
11 BIRTHPLACE OFFATHER (State or country)  12 Maiden Name OF Mother C	*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accident
MA OF MOTHER Sirla Sadowsky	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIPINE
13 BIRTHPLACE OF MOTHER (State or country)  Balto MA	At place in the ot death yrs mos ds. State yrs, mos ds.
4THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at piace of death?
(Informant) Theoror M. Rufinski	Former or usual residence
(Address) East Brooklyn, Mx	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 1915 how B Norton no	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers minc, etc. fication, as Day laborer, Farm laborer, Laborer--Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," .... (name origin; "Can-The nature of the "Exhaustion," Never report For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution, give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIEO. WIDOWEO, (Month (Day (Year) ORDIVORCEO
(Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH that I last saw h.Q.A. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ----Contributory. Secondary (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulcated thus: duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given np on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nnless important. cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich snrgical operation was undertaken. For vioture of the American Medical Association.) is less definite; avoid use of "Inmor" for malig-The contributory (secondary or interchrient) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### PLACE OF DEATH Very 6142 PHYSICIANS should of OCCUPATION IS * FULL NAME PERSONAL AND STATISTICAL PARTICULARS Exact statement S SINGLE, 4 COLOR OR RACE SEX MARRIED, WIOOWEO, OROIVORCED (Write the word) DATE OF BIRTH properly classified. (Day) (Year) (Month) It LESS than TAGE 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature at industry, pe business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 80 jo 11 BIRTHPLACE See instructions on back terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME piain OF MOTHER 13 BIRTHPLACE ٥ OF MOTHER (State or country) DEATH KNOWLEDGE CAUSE OF important. 15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 26

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fit death occurred in a hospital or institution, give its NAME lostead et street and unmber. I

16 DATE OF DEATH	may	1	1915
4	(Month)	(Day)	(Year)
17 I HEREB	Y CERTIFY, That I	attended de	ceased from
	9L to		, 191
hat I last saw h al	live on		,191
and that death occurred	on the date stated	above, st	m
The CAUSE OF DEATH*	was as follows:		
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(Signed) <u>Gev</u> / May (, 1915)	Denfin (Address)		
	(Address) (Address)	n deaths from	m VIOLENE
(Signed)	(Address)	n deaths from (2) whether	M VIOLENT
(Signed), 1915. ( State the DISEASE C. CAUSES, state (1) MEATAL, SUICIDAL, OF HOME  18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At Diace	(Address)	n deaths from (2) whether	M VIOLENT  ACCIDEN-  TRANSIENTS
(Signed)  State the DISEASE C. CAUSES, state (1) MEATAL, SUICIDAL, OF HOM:  18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death	Address)  AUSING DEATH, or, INS OF INJURY; and ICIDAL.  In the ds. State	n deaths from (2) whether	M VIOLENT  ACCIDEN-  TRANSIENTS
(Signed), 1915. (  *State the DISEASE C. CAUSES, state (1) MEATAL, SUICIDAL, OF HOM:  18 LENGTH OF RESIDEN OR RECENT RESIDENTS)  At Diace	(Address) (Addre	n deaths from (2) whether Institutions,	MOS ds
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(Signed)  State the DISEASE C. CAUSES, state (1) MEATAL, SUICIDAL, OF HOM OR RECENT RESIDENTS) At place of death	(Address) (Addre	in deaths from (2) whether (2) whether (2) whether (3) whether (3) whether (3) whether (4)	M VIOLENT r ACCIDENT TRANSIENTS mos ds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Summer der to

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcopers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PUEEPUEAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy,", "Collapse." "Coma," "Convuisions," "De thenia," "Anaemia" (merely symptomatic Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of .. ture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from ... (name origin; "Can-State cause for Exhaustion," ty" ("Con-Examples: FOF VIO-

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BUREAU, V.S.

PLACE OF DEATH 6143	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Castport (No.276, 9)	Rogistration Dist. No.  Evern Aue, st.; Ward)  The Mark Section of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tenule White Single, Widowo on Divorcep (Write the word):	16 DATE OF DEATH  Month  (Month)  (Day)  (Yoar)  17 LAHEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  Mau 6, 1955  (Month) (Day) (Year)	April ,1916, to May 20 ,1916, that I last saw her alive on May 19 ,1915,
If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7
(a) Trade, profession, or particular kind of work  (b) General nature of industry	Chrome Cerebral Softening, Paresis unknown
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  State or country)	Contributory Secondary (Question) , we do may de
10 NAME OF Golin alhers  11 BIRTHPLACE OF FATHER (State of rountry) Servicing	(Signed) Mus Mylch , M. 0.  May 22, 1915 (Address) Qunapolis  State the DISEASE CAUSING DEATH, or, in deaths from Violent
12 MAIDEN NAME Maddaling Wierck	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIOAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
(Informant) Mrs D. L. Patterson	ef death
(Address) 276 Sever Cere a Confe	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Ledas Bluf Cerrit May 23, 1915  29 UNDERTAKER (2010) ADDRESS
Filed May 22, 1915 MSN7lch	Jas. S. Jay lor. Your Unapolis
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, But in many eases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "PUERPERAL peritonitis," etc. eause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere (Recommendations "Atrophy," wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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ormation should be carefully supplied.	H in plain terms, so that it may be pi	structions on back of certificate.	
f information should be carefully supplied.	DEATH in plain terms, so that it may be pi	se instructions on back of certificate.	
am of information should be carefully supplied.	OF DEATH in plain terms, so that it may be pi	t. See instructions on back of certificate.	
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See Instructions on back of certificate.	

1 PLACE OF DEATH County anne arundel 6144



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

(If death occurred in a hospital or Institution. give its NAME Instead of street and nomber.]

Village or City 3rd destrel. Carolin Smith.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  May  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	april 10 ,1915, to May 16 ,191 5 that I last saw h 22 allve on May 4 ,191 5
7 AGE   11 LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Hemiplique
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Vergened  10 NAME OF FATHER Allen Bolden.  11 BIRTHPLACE OF FATHER (State or country) Vergened  (State or country) Vergened	(Signed) Samu S. Bellengta, M. D.  May 16, 1915. (Address) Checken May May 16, 1915. (Address)
12 MAIDEN NAME OF MOTHER Mollis Bolden. —  13 BIRTHPLACE OF MOTHER (State or country) Vinginia.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
(Informant) Chrafos Ind.	Where was disease contracted, If not at place of death?  Former or usual residence
Filed May 17, 1917 . J. S. Bellenysley  REGISTRAR  If more blanks are needed, address State Regis	Mayothy Cof. Church May 17, 1915  20 UNIDERTAKER  Harry Vodery.  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucsis of lungs, meninges, peritonacum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for mallgnant ncoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerreral septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection uccd not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) "Puerperal peritonitie," etc. State cause for "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



ż

	2 FULL NAME Charles Carte	Senable a nospiral or institution, give its NAME instead et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	1 ale l'alored (Write the word)	16 DATE OF DEATH My 2 (Month) (Day) , 1915 (Year)
6 DA	TE OF BIRTH	Mrs 2 7 ,1915, to May 20 ,1918,
	(Month) (Day) (Year)	that I last saw hamalive on Min 2 1, 114, 1815,
7 AG		and that death occurred on the date stated above, at L. Pam.
	9 vrs 9 mas 26 ds, 1 day,hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 00	CCUPATION O O Q	Foras Grammania
(a	) Trade, profession, or ticular kind of work.	
bus	) General nature of industry cliness, or establishment in	(Ouration) yrs. mos A Life ds.
	ich employed (or employer)	Contributory
	(State or country) mapoles med	Secondary (Duration), yrs., mos., ds.
	10 NAME OF PLOTON Semilon	(Signed) PB milling, M. O.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARE	12 MAIDEN NAME Hattie LIERA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) am apolis mid	OR RECENT RESIDENTS) At place in the of deathyrsmosds. State,yrsmosds.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Hattie Sembley heatt	Former or usual residence
	(Address) 82 Charles St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  May 22 d  The state of t
15	Tue 22 - mangles	20 UNDERTAKER ADDRESS
FII	ed 1913 REGISTRAR	Samuel aller 32, n. u. St
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in

G140

1 PLACE OF DEATH

County

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

Struck by railway train-accident; Revolver wound of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull hend-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. "PUERPERAL peritonitis," birth or miscarriage as "Publipenal septiehaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (increly symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" cough; Chronic valular heart disease; Chronic interstitial ges, perilonneum, etc., Curcinoma, Sorcoma, etc., of ..... etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intereuretc. State cause for which carbolic acid-probably FOR VIOLENT DEATHS "Atrophy,"



Coun	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	ge or City Brows (No. )	Registration Dist. No.
m	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  May  S (Month)  (Day)  (Year)
6 DA	TE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  My 15, 1915,  that I last saw h alive on 22 , 1915,
7 AG	E   It LESS than 1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at P.m. The CAVSE Of DEATH * was as follows:
(a par (b bus wh	CCUPATION ) Trade, profession, or riticular kind of work ) General nature of industry siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Ouration) yrs. mos. ds.  Contributory Secondary  (Ouration) yrs. mos. ds.
10	10 NAME OF FATHER Andre com	(Signed) Chas Phone 1, M. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whither Accidental, Suicidal or Homicidal.
PA	of Mother Austraion  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	(Address) Runde Sa «	Turnace Brand My 27 1915
FI	REGISTRAR	The N. Orvers 13 all de
	· If more blanks are needed, address State Registrat,	16 W. Saratoga St., Bálto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or-given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Collon precise specification as Doy laborer, Furm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, applies to each and every person, irrespective of age. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the signeer, tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmenonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septicharmia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurges, perilonneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" MEANS OF INJURY and qualify as "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, Examples: Accidental drowning; is less definite; avoid use of "Dropsy," State eause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 7 1915 BUREAU, V.S.

No.

vi

OCCUPATION PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 3 SEX MARRIDO, WIDOWED. M. ORDIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day .....hrs. OR .... min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) certificate. ⁹ BIRTHPLACE (State or country carefully o that It 10 NAME OF FATHER ō 11 BIRTHPLACE OF FATHER (State or country back RENT 12 MAIDEN NAME 4 OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country DEATH MY KNOWLEDGE CAUSE OF important. (Informant) 15 Filed. 8 REGISTRAR Z

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

souvery	*****************		
MEDICAL CERT	TIFICATE (	OF DEATH	
16 DATE OF DEATH hay	(Month)	, , ,	915 Year)
	TIFY, That	I attended deceas	ed from
May 12 , 1915-	to No	1 LUA.	1915
that I last saw h alive on	May	2151	191.5
and that death occurred on the	date state	d above, at 1	45m.
The GAUSE OF DEATH * Was a	s tollows!		
the finant	form	wed by	
- purangles	***************************************		
	******************		Α
	(Duration)	yrsmos	9ds.
Contributory (Secondary)			1
	(Quration)	yrs mos	ds.
(Signed) James 6,	mah	an	. M. D.
51 23 70 , 1915 (Address)	Ches	tertour A	d
*State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, or INJURY; as	In deaths from VI	OLENT CIDEN-
18 LENGTH OF RESIDENCE (FOR	R HOSPITALS	. INSTITUTIONS, TRAN	SIENTS,
A1 place	In the		
of death yrs mos	is. State	yrs, mos	ds.
If not at place of death?	••••••••••	***************************************	••••••••••
usual residence	************	***************************************	******
19 PLACE OF BURIAL OR REM	OVAL	DATE OF BURIA	L
Charab Hile Can	class	may 2 s	191.4.
20 UNDERTAKER	)	ADDRESS	
11 ( Moron		Thomas !	Hell

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purperal septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report Examples:



V. S. No. 1.

	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
•	, ∠	EX
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACT	ified.
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PE	onlo	cert
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	tem	should state CAUSE OF DEATH in plain terms, so that it may be properly oCCUPATION is very important. See instructions on back of certificate.
	F. F.	Cal
. 1.	FV	sho OC
V. S. NO. I.	m	
>	Z	

1 PLACE OF DEATH 6147	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 222
Village or City Zaurel Mo.	St.; Ward)  Southworth  Southworth  Southworth  Southworth  Southworth  Southworth  Southworth  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 color or race 5 SINGLE, MARRIED, Married Wildows Top Divorced (Write the word)	16 DATE OF DEATH  May (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw have alive on may 19, 1915,
7 AGE  1 LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or articular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)	(Quretion) / yre mos ds.
9 BIRTHPLACE State or country)  The Country of the	Contributory Secondary  (Ouration) YES. most ds.
10 NAME OF FATHER Linton Southworth	(Signed) WF Taylor, M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.
of Mother Mildred Meuton  13 BIRTHPLACE OF MOTHER (State or country)  1. Manna,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece to the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Whera wes diseasa contrected,  If not at place of death?
(Address) 116 FSt N. E. Mach. DC	Washington 26 May 21, 1915
FILED MAY LO, 1915 L. H. G. HASINGAR REGISTRAR	20 UNDERTAKEN FRENCH ADDRESS PRINCE STANDED TO NO. 1

It more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foremon, is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of bungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train—accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Tunor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuretc.), "Pyenperal septicharmia, "Dropsy," "Exhaustion," carbolic acid—probably State cause for which Never report mere



OCCUPATION PHYSICIANS RECORD ö statement PERMANENT classified. D properly INK supplied. UNFADING may that 80 0 plain Instructions 2 DEATH OF Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la -Ward) a hospital or lostitution. give its NAME instead of street and number. 1 ma PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, May 1910 WIDDWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day, ....hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS BIRTHPLACE ., 191 ... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State ..... yrs. _____ yrs. ____ mes. ____ ds. Where was disease contracted. If not at piecs of death? Former or osual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocory; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from ctc, when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant peoplasms); Meastes; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. [It death occurred in -Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OW (Day ORDIVORCED (Write the word I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day .....hrs. OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which amployed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER S BIRTHPLACE (Address) 2 ARENT OF FATHER (State or country) *Mattate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF NJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ _ ds. State ____ yrs.__ Where was disease contracted. 14 THE ABOVE IS THUE MY KNOWLEDGE It not at place of death? Former or usual residence DATE OF BURIAL (Address) --15 20 UND

REGISTRAR If mote blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be Indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD stated O ed. fully 1 PLACE OF DEATH

W 6 Statement of CERTIFICATE OF DEATH Registration Dist. No If death occurred in EXACTLY, Presified Exact s .Ward) a hospital or institution, give Its NAME Instead of street and number. ² FULL NAME classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED (Day) properly certificate I HEREBY CERTIFY, That I attended deceased from ....., 191....., to. pe (Year) 7 AGE if LESS than 40 and that death occurred on the date stated above, at it may 1 day, hrs. back The CAUSE OF DEATH * was as follows: mia.? that 8 OCCUPATION 00 (a) Trade, profession, or instructions particular kind of work (b) General nature of Industry terms, business, or establishment in ...... (Ourstion) _____yrs. which employed (or employer 9 BIRTHPLACE Contributory See in Secondary (State or country) 10 NAME OF C FATHER important. I PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME 0 OF MOTHER Informatic SAUSE OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ai pisce OF MOTHER th. (State or country of death yrs. _____ds. Every item of in should state CA OCCUPATION Where was disease contracted, If not at place of death?..... usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form laborer, Laborer of the second statement. Never return mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None Housemaid, ctc. If the occupation has been changed employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, Civil eer, Stationory fireman, etc. But in many cases, very important, so that the relative healthful-The material worked on may form part If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lumgs, menin-

and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Mcasles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of or miscarriage by railway train-occident; Revolver "Senile," etc.), "Dropsy," The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere (Recommendations "Exhaustion," uound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

W. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City County for Some No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
FULL NAME Of any Too	while Magnes, of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
Temale Strict (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h 4 alive on most 14 1913
7 AGE  (Month)  (Day)  (Tear)  (1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Frade, prefession, or particular kind et work  (b) General nature of industry, business, or establishment in which employed (or employer)  SEIRTHPLACE (State or country)	(Duration) yrs mos 2 ds.  Contributory (Secondary) (Duration) yrs mos ds.
OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Sig
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE  (Informant)	At place In the of death yrs mos ds. State yrs mos ds. Where was disease cootracted, If not at place of death? Former or usual residence
Flied May 15, 191.5 PREGISTRAR  If more blanks are needed, address State Registrar	20 UN DERTAKER ADDRESS, C, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industi; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulminc, etc. Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

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childbirth or miscarriage, as "Tuerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.;



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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. If death occurred in a hospital or institution give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH 16 DATE OF GEATH CERTIFY, That I attended deceased fr (Year) If LESS than and that death occurred on the date stated above, at// 1 day, hrs. The CAUSE OF DEATH * was as follows: mlg. ? tate the DINKABS CAUSING DEATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the At place of death Where was disease contracted. if not at piece of deeth? Former or usual reeldence DATE OF BURIAL AOORES mas

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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BUREAU.V.S.

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PHYSICIANS should state of OCCUPATION Is very

Exact statement

properly classified.

may be

See instructions on back of certificate.

DEATH in plain terms.

CAUSE OF Important.

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RECORD

1 PLACE OF DEATH County anne armidel



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

Village or City	Brooklyn	(No 208	It first
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[If death occurred la a hespital or institution, give Its NAME Instead of street and number.]

VII	FULL NAME Wilhelmina H	a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Hernale Ithite Single, Married, Wicowed, Orbitor (Write the word)	16 DATE OF DEATH In any 7,1915 (Month) (Day (Year)  1.7. I-HEREBY GERTIFY. That I attended deceased from
6 D	ATE OF BIRTH    1	that I last saw her alive on Killy 7 1915  and that death occurred on the date stated above, at 10 a.m.  The GAUSE OF DEATH was as follows:
(a pa (b) bus wh	CCUPATION ) Trade, profession, or ritcular kind of work. ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Germany	Contributory Old Guration yrs. — mos. 3 ds. Secondary
	10 NAME OF FATHER Johann all  11 BIRTHPLACE OF FATHER (State or country) Jermany  12 MAIDEN NAME OF MOTHER CAtherine Shamer  13 BIRTHPLACE OF MOTHER (State or country) Jermany  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Lewry Will (Son)	(Signed)
	(Address) 208 H. hurst St	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Boltosha

No. 80

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[Approved by U. S. Census and American Public Health Association.]

ness. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more preelse specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eero-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," eause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecte,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Caninjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," cte.), "Dropsy," "Exhaustion,"



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#### PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY Exact classified. pe pluoda properly AGE INKsupplied. pe may certificate. = oarefully that 80 0 back terms. pinous UO plain Instructions Information DEATH In See of Item 0 F Important. Every

STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No. Ilf death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. ? CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTIQULARS 16 DATE OF DEATH S SINGLE. 3 SEX MARRIED. WIDOWED. (Month) (Day) ORDIVORCED I HEREBY CERTIFY/That I attended deceased from 17 6 DATE OF BIRTH alive on ..... (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? OCCUPATION (a) Frade, profession, or particular kind of work (b) Geoeral nature of industry. business, or establishment in which employed (or employer) ..... Contributory... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. d OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place to the _____ yrs. ____ ds. State ..... yrs, ..... mos. ..... ds. Where was disease contracted. OF MY KNOWLEDGE if not at place of death? Former or usual residence 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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BUREAU, V.S.

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STATE OF MARYLAND 1 PLAGE OF PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to St .: .Ward) a hospital or Institution. give its NAME lostead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED, WIDOWED. (Mont (Day) (Year) (Write the word) 17 I HEREBY CERTIFY/That I attended deceased from Exact 8 DATE OF BIRTH classified. that I last saw h ... Day' (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at .. 1 day, .... hrs. The CAUSE OF DEATH* was as follows: OR ..... min, ? properly BOCCUPATION (a) Frade, profession, or Op. (b) General nature of Industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certificate. carefully so that it i (Secondary) 10 NAME OF FATHER 80 of 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) ate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT SES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. in plain OF MOTHER instructions 8 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER DEATH of death _____ yrs. ____ mos. ____ ds. (State or country) State ..... yrs. ..... mos. .... ds. Where was disease contracted. If not at place of death?-Former or OF usual residence. mportant. Every It (Address). REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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